PATENT APPLICATION FEE DETERMINATION RI Effective October 1, 2004								ORD	Application or Docket Number			
									10/510619			19
CLAIMS AS FILED - PART I								SMALL E	NTITY	OR		R THAN ENTITY
ТО	TAL CLAIM	S	(Column 1)			(Column 2)	7	RATE	FEE	7		
FOR			NUMBER FILED NI			MBER EXTRA	1	BASIC FEE	1 1 2	١,,	RATE	FEE
TOTAL CHARGEABLE CLAIMS			2 1 minus 20 = .				┨			OR	<b></b>	1110
INDEPENDENT CLAIMS			2				┨	X \$ 9 =		OR	-	
MULTIPLE DEPENDENT CLAIM PR							-	X \$ 44 =		OR	X \$ 88 =	
_			s less than zero, enter "0" in column 2			J	+ \$ 150 =		OR	+ \$ 300 =		
(\$-7,74 (\$-17,74	er be turner in their state disease.	Secretary and series and		TOTAL	L	OR	TOTAL	MM				
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	:20	Minus		0	=		X \$ 9 =		OR	X \$ 18 =	
	independent	. 2	Minus	***	?	=	1	X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+ \$ 150 =		OR	+ \$ 300 =	
								TOTAL ADDIT FEE		OR	TOTAL	
		(Column 1)	_				A(##) FFF					
ÀMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$9=		OR	X \$ 18 =	
	Independent	anthin mineri u min	Minus	*** *** 11 m		= .	,	X \$ 44 =		OR	X \$ 88 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 150 =		OR	+ \$ 300 =	
						-	•	TOTAL ADDIT FFF		OR	TOTAL ADDIT FFF	
)		(Column 1)		(Colum	•	(Column 3)				_		
AMEND		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 9 =		OR	X \$ 18 =	
	Independent	•	Minus	•••		=		X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 150 =		OR	+ \$ 300 =	
			TOTAL		OR	TOTAL						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1,												